## HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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## REQUEST FOR WITHDRAWAL **AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

	Application Number	09/263,358				
	Filing Date	March 5, 1999				
	First Named Inventor	Dennis D. Ferguson.				
	Confirmation Number	1714				
	Group Art Unit	2681				
	Examiner Name	Sheila B. Smith				
	Attorney Docket Number	2479.1027-000				

Title

To:

FORWARD ERROR CORRECTION ON MULTIPLEXED CDMA CHANNELS ENABLING HIGH PERFORMANCE CODING

To:	Commissioner P.O. Box 1450		-							
	Alexandria, VA	A 22313-1450								
	Please withdraw me as attorney or agent for the above identified patent application, and									
	all the attorneys	vs/agents of record,								
	the attorneys/ag	torneys/agents (with registration numbers) listed on the attached paper(s), or								
$\boxtimes$	the attorneys/agents associated with Customer Number 021005									
	NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The rea	sons for this requ	uest are:								
The assignee of the above-identified application has discharged the Firm and requested transfer of the file to John C. Donch, Esq., Volpe and Koenig, P.C., United Plaza, Suite 1600, 30 South 17 <sup>th</sup> Street, Philadelphia, PA 19103. The new counsel has accepted responsibility for the application. The undersigned no longer has control of the file or authorization from the assignee to prosecute the above-identified application. To the best of my knowledge, Revocations of Power of Attorney have not yet been submitted to the United States Patent and Trademark Office. For these reasons, the present request should be granted.  There are no actions due.										
		COF	RESP	ONDENCE A	DDRE	SS				
Change the correspondence address and direct all future correspondence to:										
	Customer Numb	per 24374								
	OR	24374								
	Contact Person					<del> </del>				
	Firm	Volpe and Koenig, P.C.								
	Address	United Plaza, Suite 160								
	Address 30 South 17 <sup>th</sup> Street									
	City	Philadelphia	State	PA			Zip	19103		
	Country	USA		<u></u>			_1			
	Telephone	215-568-6490 Am		Fax	215-50	68-6499				
Signat	ure	new M	· ·							
Name		David J. Thibodeau, Jr.				Registration No.		31,671		
Date 12[7/06					Telephone No.		978-341-0036			
NOTE: With date of a tim	hdrawal is effective w e period for response	hen approved rather than whe or possible extension period,	n received the reque	d. Unless there are a st to withdraw is nor	it least 30 mally disa	days between approval o pproved.	f withdr	rawal and the expiration		